"EQUITY"...in the opportunity to survive the 1st year of life



Objectives:

By the end of this lecture I hope to...

- 1. Review California's Black: White history regarding infant mortality goals.
- 2. Demonstrate how history and past discriminatory practices have contributed to racial disparities
 - a. Present evidence that suggest racial disparity is 'not natural", but man-made.
- 3. Discuss STRUCTURAL Determinants
 - a. Suggest the importance of taking a STRUCTURAL and Social Determinants approach to "undo" this disparity.
- 4. Understand "Proportionate Universalism" or "Targeted Universalism"
- 5.

Disclosures:

I am a member of:

- Co-chair: March of Dimes/Centers for Disease Control's Health Equity Work Group
- GABE Advisory Board
- Center for Excellence, University of Illinois @ Chicago,
 School of Public Health
- Global Infant Safe Sleep Center (GISS)
- Consultant: First Year Cleveland (FYC)
- Evaluator: Indianapolis Healthy Start Project
- Co-PI HRSA/NHSA AIM CCI Cooperative Agreement

Conflict of Interest:

None

I believe:

- That the racial disparity in birth outcomes is the most problematic MCH challenge facing this nation.
- 2. That RACE is a social construct, not a biological construct.
 - a. As such, I do not believe that our physiologic racial differences offer adequate explanation for maternal or infant morbidity and mortality disparities.
- 3. Racism, both historical and contemporary, is THE "root cause" for the disparities.
- 4. If the eradication of Racism was up to black people and/or people of color, it would have been resolved a long time ago.
 - a. Governmental Agencies (i.e., HHS/HRSA), white people, and white organizations have to want to dismantle Racism and co-lead the charge to do so.
 - i. Understanding this is essential for saving our mothers and babies

Infant Mortality:

Definition: The death of any live born baby prior to his/her first birthday.

"The most sensitive index we possess of social welfare . . ."

Julia Lathrop, Children's Bureau, 1913



Infant Mortality is:

Multi-factorial. Rates reflect a society's commitment to the provision of:

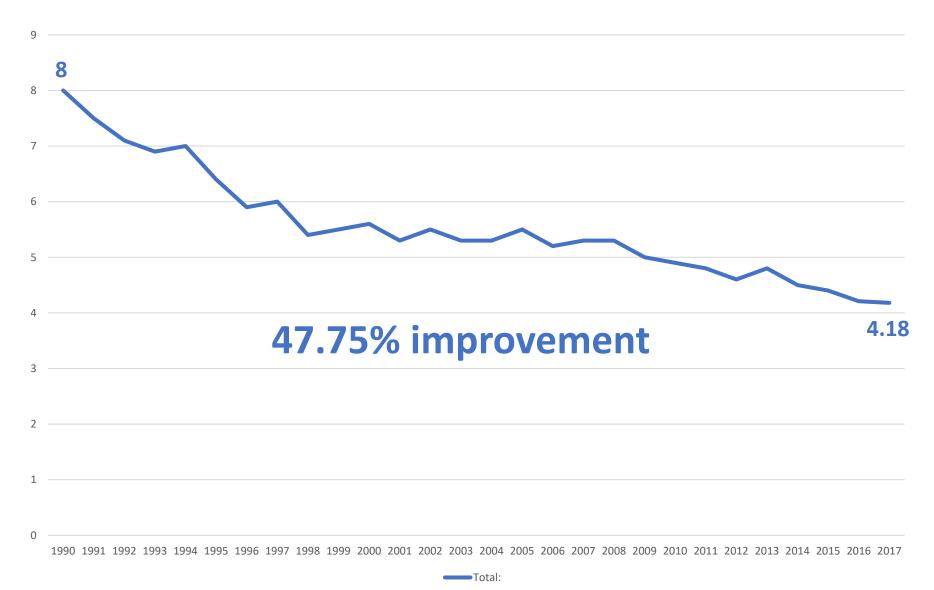
- 1. High quality health care
- 2. *Adequate food and good nutrition
- 3. *Safe and stable housing
- 4. *A healthy psychological and physical environment
- 5. *Sufficient income to prevent impoverishment

"As such, our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society's commitment to the health and well-being of all women, children and families."

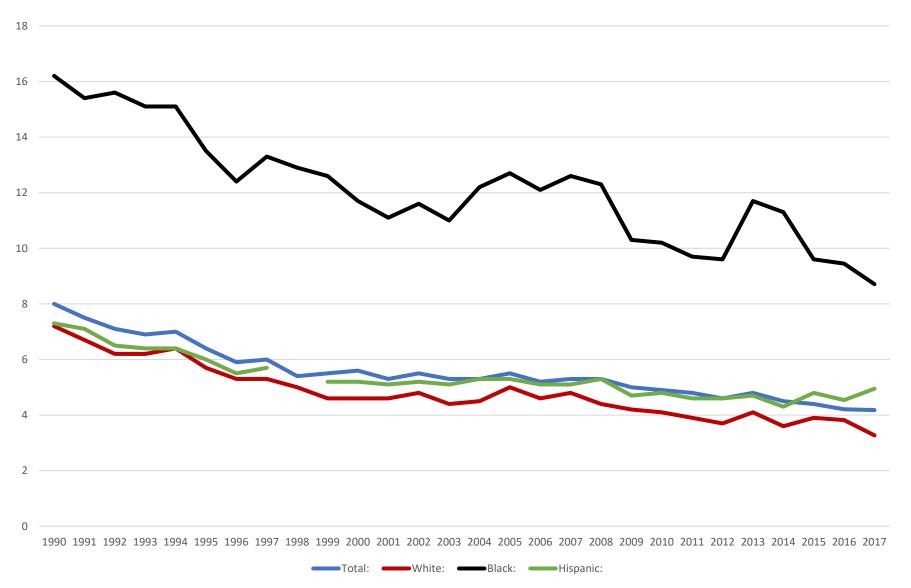
* = non-clinical measure SACIM, 1/2013

California Infant Mortality Data:

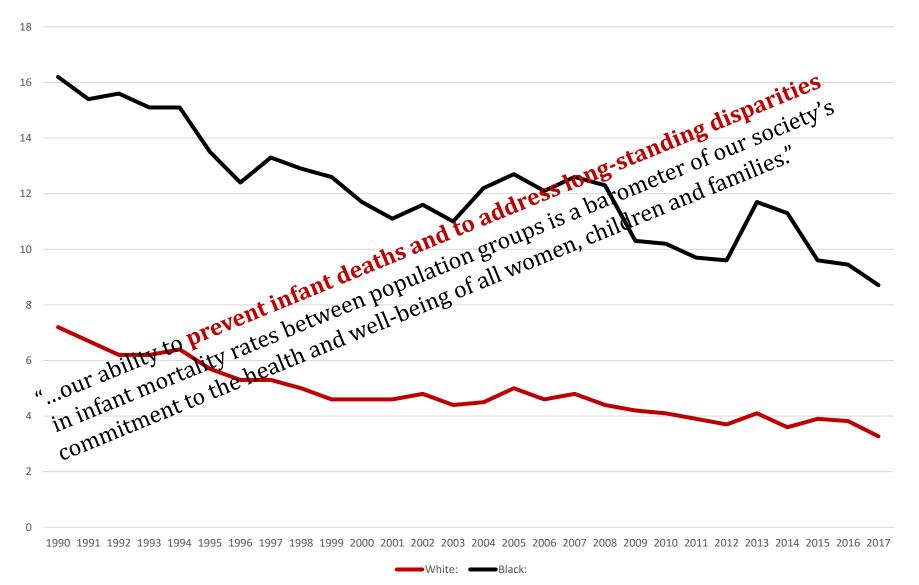
California Total IMR: 1990-2017



California Total, White, Black, and Hispanic IMRs: 1990-2017



INFANT MORTALITY RATES BY RACE/ETHNICITY OF MOTHER, CALIFORNIA 1990-2017. Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Health Division, California Department of Public Health, 2017, (Special note, data for 1998 & 2015-17 from NCHS).

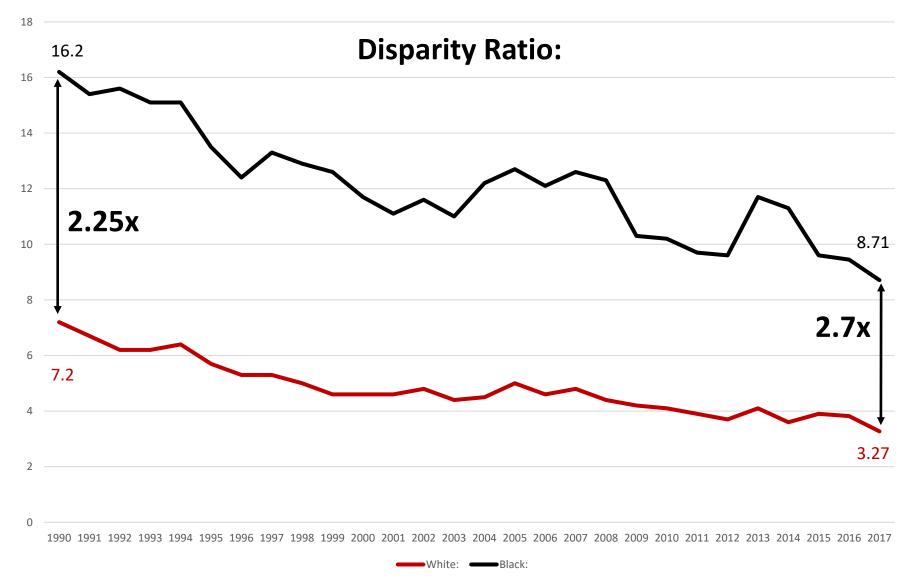


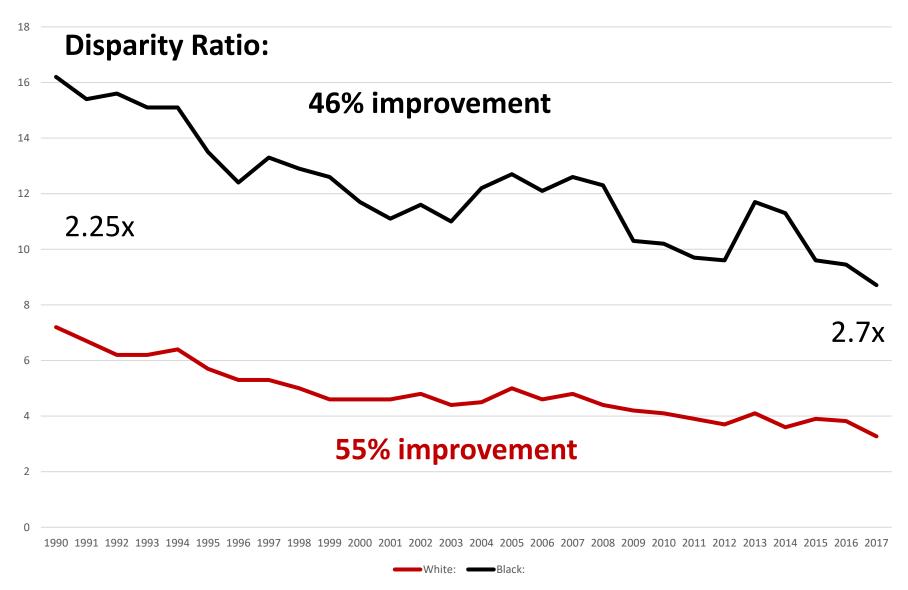
Black to White Racial Disparity in Infant Mortality:

- 1. Disparity Ratio: 2016 Black infant deaths more than 2x that of Whites
- 2. "Survival Interval" or difference between black and white infants

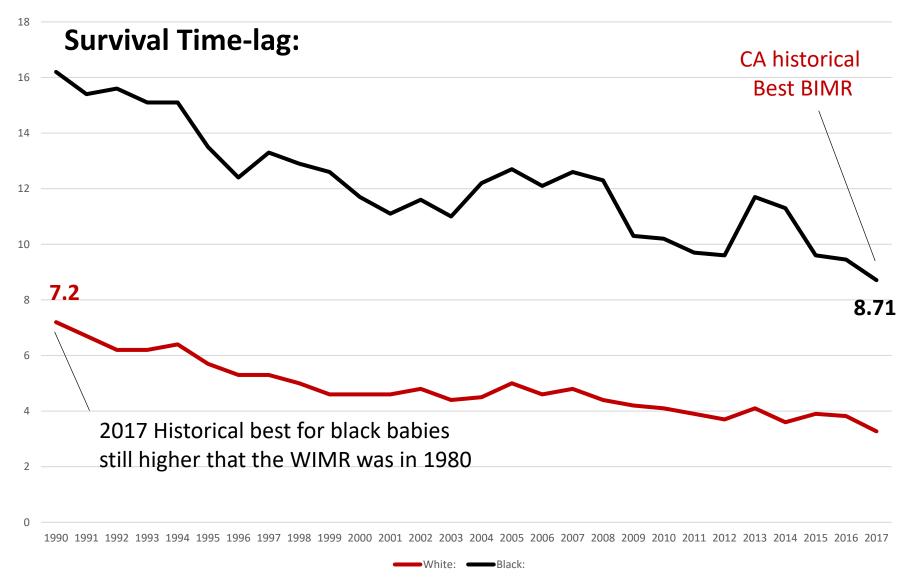
3. Healthy People: Infant deaths in reference to

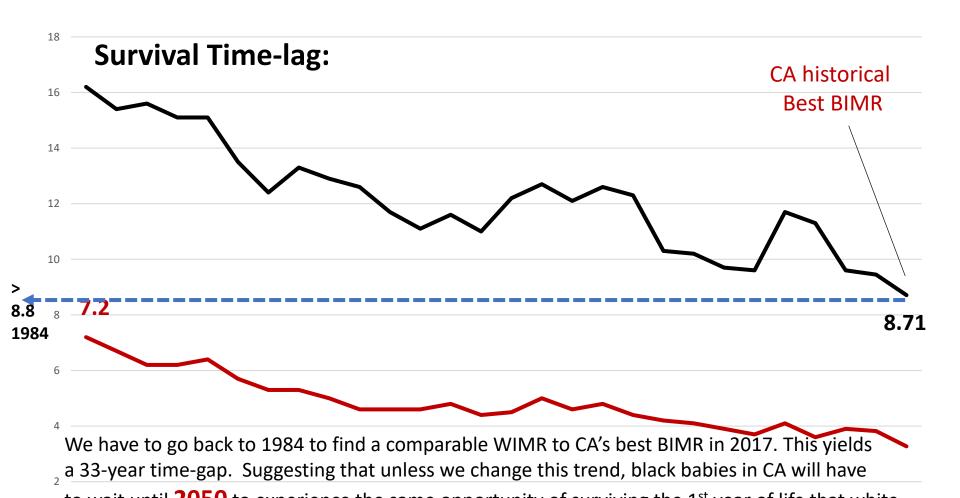






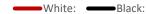
Survival Interval/Gap:



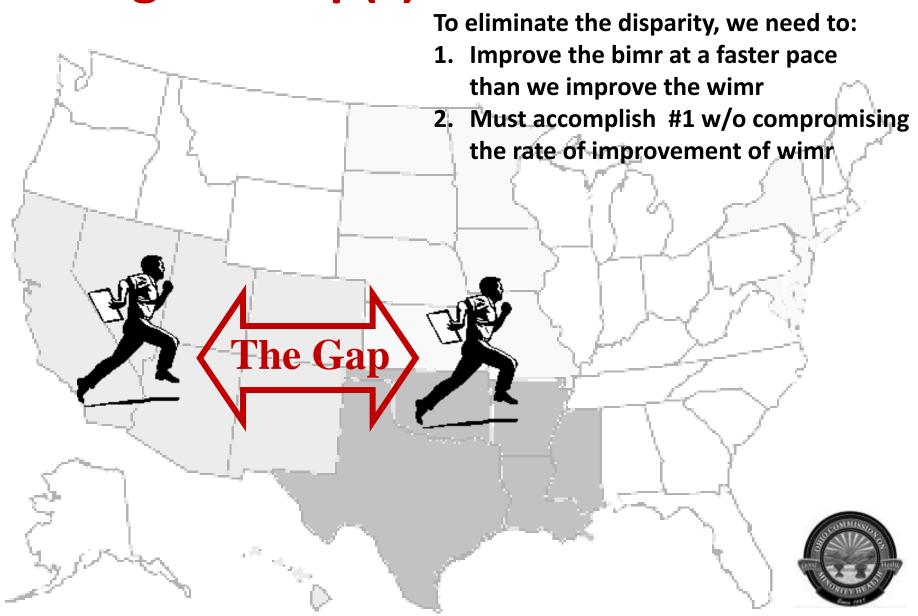


to wait until **2050** to experience the same opportunity of surviving the 1st year of life that white babies did in 2017.

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

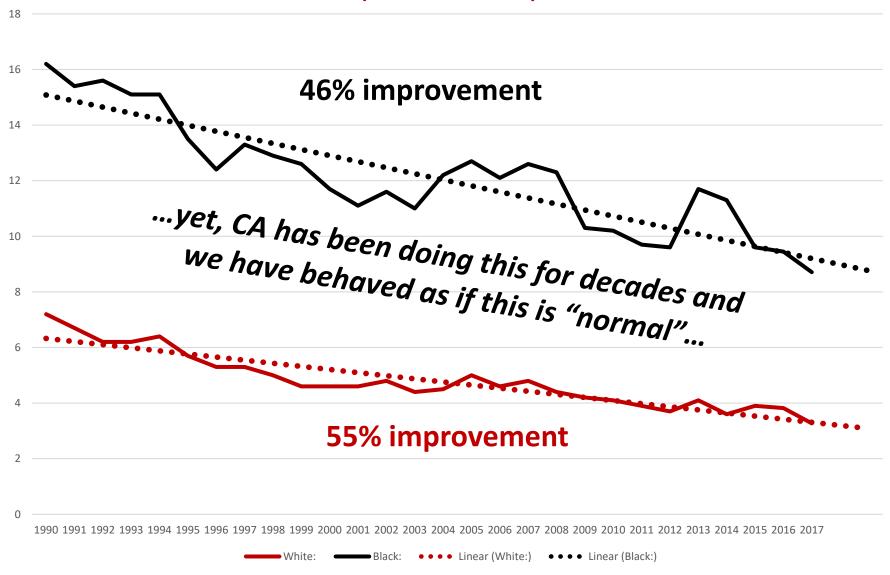


Erasing the Gap(s):

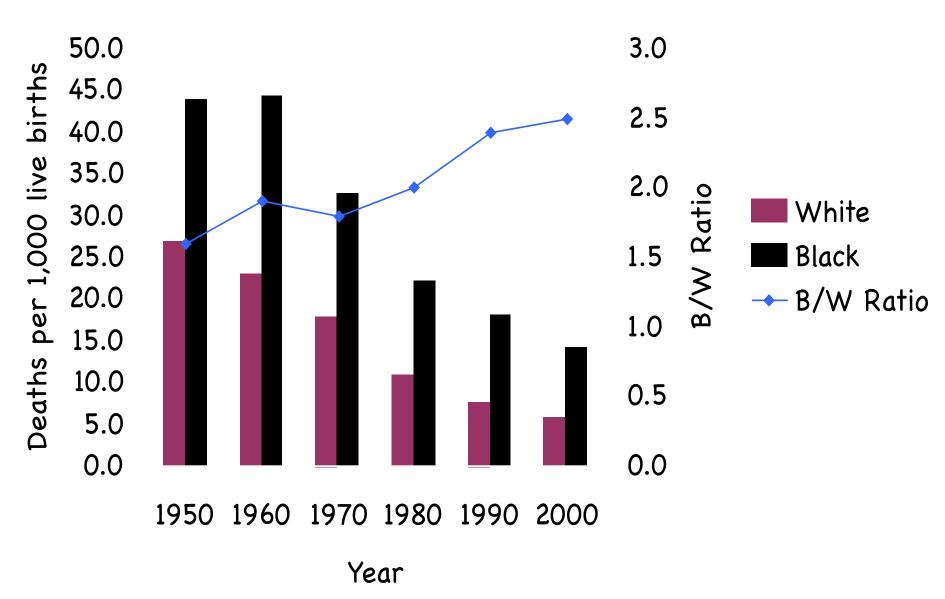


The thought of striving to improve the rate of survival for one group at a faster pace than for another group BOTHERS many people...they complain that doing so would be immoral, unfair, unjust...

(with Trend Lines)

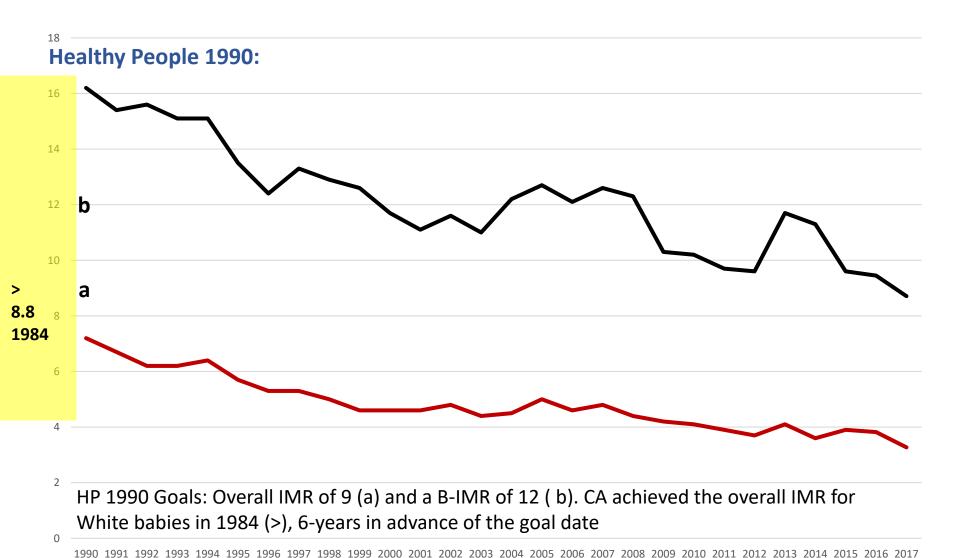


USA Black:White Infant Mortality Rates, 1950-2000:



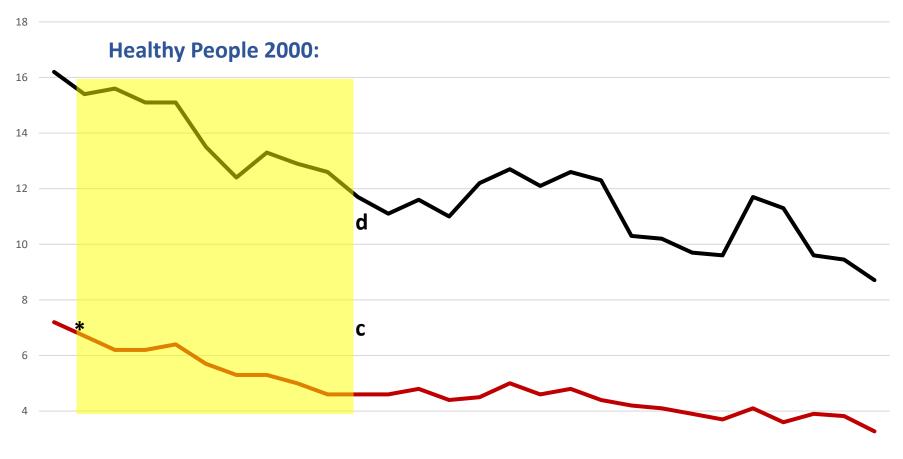
"Healthy People" History & IMRs:

- 1979-The Surgeon General's Report on Health Promotion and Disease Prevention
- 1980- Promoting Health/Preventing Disease: Objectives for the Nation
 - 1985: "Heckler Report": HHS Secretary's report on racial disparities in health.
 - ID'd 6 areas of health that together accounted for > 80% of the mortality observed among Blacks and other minority groups in excess of that in Whites.
 - One of these areas was infant mortality.
 - Hoped that it would be the beginning of the end of racial health disparities
- 1990-Healthy People
- 2000-Healthy People
- 2010-Healthy People
- 2020-Healthy People



INFANT MORTALITY RATES BY RACE/ETHNICITY OF MOTHER, CALIFORNIA 1990-2017. Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Health Division, California Department of Public Health, 2017, (Special note, data for 1998 & 2015-17 from NCHS).

White: Black:



Healthy People 2000 Goals: Overall IMR of 7 (c) and a B-IMR of 11 (d). CA exceeded the overall IMR goal for White babies in 1991 (*), 10-years in advance of the goal date. Achieved HP 1990 BIMR goal in 2000, well after the goal date.

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017



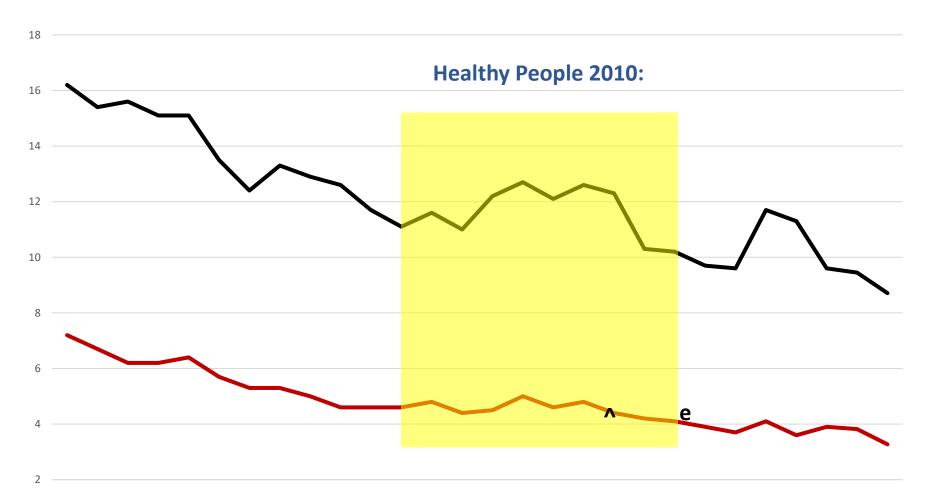
Healthy People 2010:

- 2 Overarching Goals
 - Increase the quality and years of healthy life
 - Eliminate health disparities
 - Only one IMR Goal (4.5) for the entire population
- 28 Focus Areas
 - Maternal Child Health
- 467 specific objectives
 - Infant Mortality: goal of 4.5 deaths/1,000 live births
 For the first time...one goal for all races





Office of Disease Prevention and Health Promotion U.S. Department of Health and Human Services



Healthy People 2010 established ONE GOAL of 4.5. That goal was achieved for CA's White babies in 2008 (^). The HP 2000 Goal for BIMR was achieved in 2009, well after the goal date.

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

White: Black:

What's new?

Recent Declines in Infant Mortality in the United States, 2005–2011

Marian F. MacDorman, Ph.D.; Donna L. Hoyert, Ph.D.; and T.J. Mathews, M.S.

Key findings

- Following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12% from 2005 through 2011. Declines for neonatal and postneonatal mortality were similar.
- From 2005 through 2011, infant mortality declined 16% for non-Hispanic black women and 12% for non-Hispanic white women

Infant mortality is an important indicator of the health of a nation (1,2). This report describes the recent decline in the U.S. infant mortality rate from 2005 through 2011. Changes in infant mortality rates over time are examined by age at death, maternal race and ethnicity, cause of death, and state. The linked birth/infant death data set (linked file) is generally the preferred source for infant mortality rates by race and ethnicity (3,4). This is particularly important for racial and ethnic groups other than non-Hispanic white, non-Hispanic black, and Hispanic. For these three groups, rates calculated from the mortality and linked files have been very similar for many years, and trends are unlikely to differ (3–5). Thus, data from the mortality file are used for this analysis because of their greater timeliness (3,6). Data for 2011 are preliminary (6). Because preliminary data are not available by state, data for the 2005–2010 period were used for the geographic analysis.

http://www.cdc.gov/nchs/data/databriefs/db120.pdf

National Vital Statistics Reports



Volume 61, Number 8

January 24, 2013

Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set

By T.J. Mathews, M.S. and Marian F. MacDorman, Ph.D., Division of Vital Statistics

A reformatted, typeset version of this report will replace the current version

Abstract

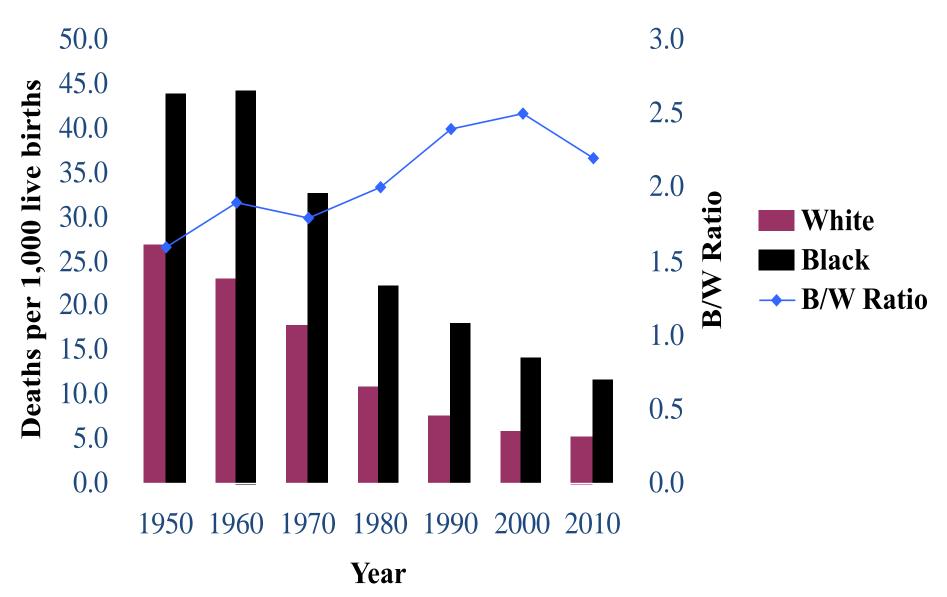
Objective: This report presents 2009 period infant mortality statistics from the linked birth/infant death data set (linked file) by maternal and infant characteristics. The linked file differs from the mortality file which is based entirely on death certificate data.

http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf

Recent Declines in Infant Mortality in the United States, 2005-2011

- Following a plateau, from 2000 through 2005, the US IMR declined 12% from 2005-2011.
 - Declines in the neonatal and postneonatal mortality rates were similar
- From 2005-2011 IMR declined
 - 16% for Black women
 - 12% for White women
 - 9 % for Hispanic women
- IMR declined for 4 of the 5 leading causes of infant death from 2005-2011.

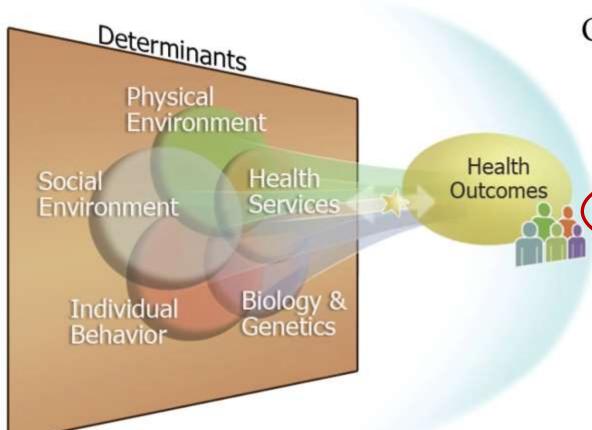
USA Black: White Infant Mortality Rates, 1950-2010:



Source: National Center for Health Statistics, 2012

Healthy People 2020

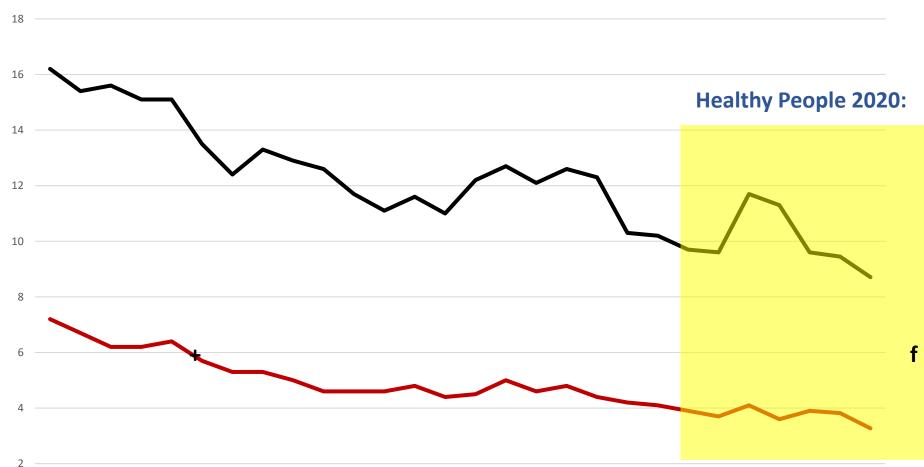
A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.





Healthy People 2020 ONE GOAL is 6 (f). That rate was achieved for CA-WIMR in 1995 (+), 25-years in advance of the goal date.

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

White: Black:

Patterns/Trends:

California has a well established, racially determined pattern for achieving HP-IMR Goals. Based on 27-years of experience (1990-2017)...

- Achieve HP-Overall IMR Goals for White babies well in advance of the goal dates...
- Simultaneously, achieving HP-Black IMR Goals after the goal dates or not at all.



Do Black babies matter?

Do black Babies matter as much as White babies?



Everyone says "yes"....

Our actions don't support this response?

School drop outs
School drop outs

Drug addicts

Inferior

Despite the data:

- There are many who believe that the Black IMR cannot improve
- Many believe that the B-IMR is as high as it is because of group level flaws amongst those of us who are Black
- Essentially nobody believes that the B-IMR can be the same as the White IMR!

Malingering

Teen-aged pregnancies

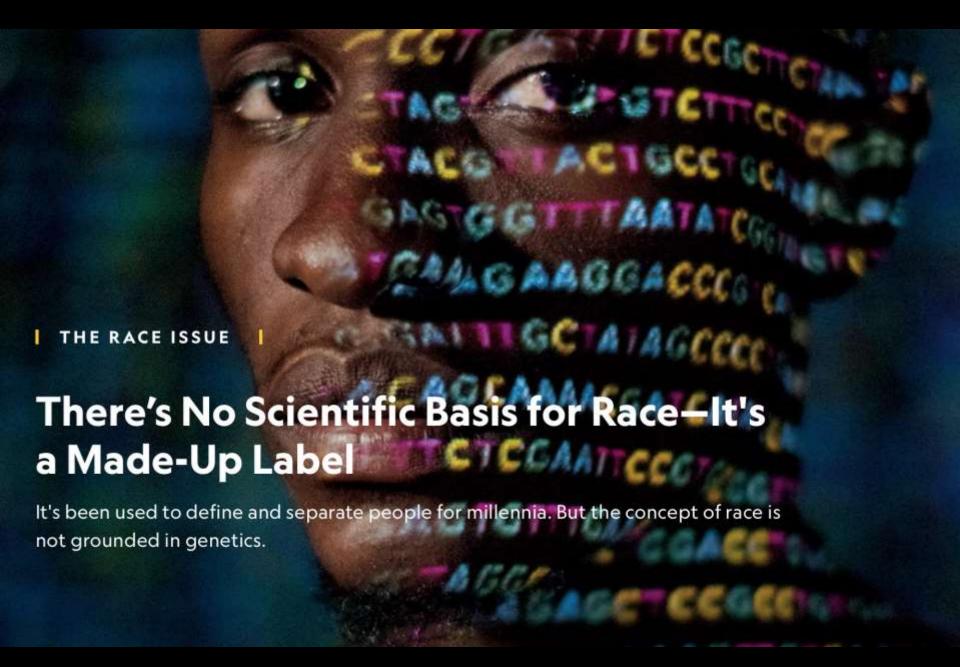
Black people don't love their babies as much



Dead beat dads









Humans share the vast majority (99.9%) of our DNA in common.

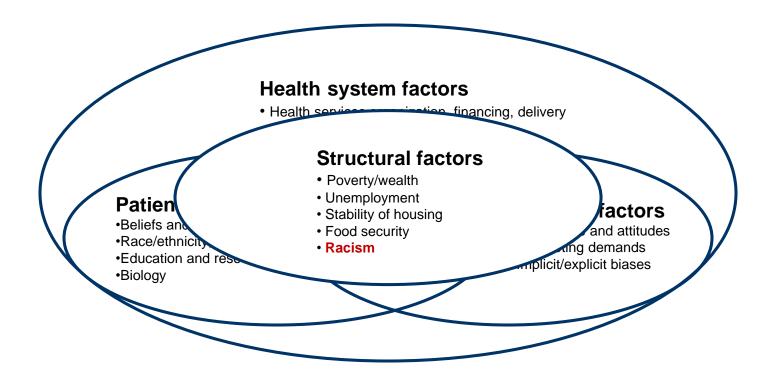
"Race" does not provide an accurate representation of human biological variation. It was never accurate in the past, and it remains inaccurate... The Western concept of race must be understood as a classification system that emerged from, and in support of, European colonialism, oppression, and discrimination. It thus does not have its roots in biological reality, but in policies of discrimination. Because of that, over the last five centuries, race has become a social reality that structures societies and how we experience the world. In this regard, race is real, as is racism, and both have real biological consequences.

While race does not accurately represent the patterns of human biological diversity, an abundance of scientific research demonstrates that racism, prejudice against someone because of their race and a belief in the inherent superiority and inferiority of different racial groups, affects our biology, health, and well-being. This means that race, while not a scientifically accurate biological concept, can have important biological consequences because of the effects of racism. The belief in races as a natural aspect of human biology and the institutional and structural inequities (racism) that have emerged in tandem with such beliefs in European colonial contexts are among the most damaging elements in human societies."

https://physanth.org/about/position-statements/aapa-statement-race-and-racism-2019/

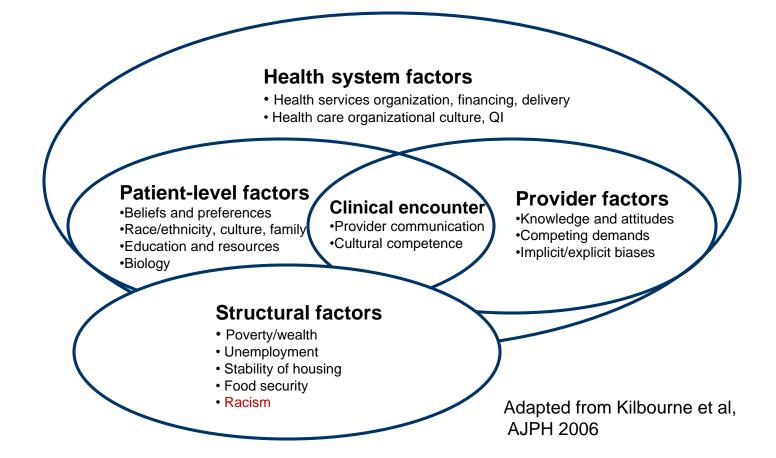
Social Determinants of Health:

Contributors to health inequities:

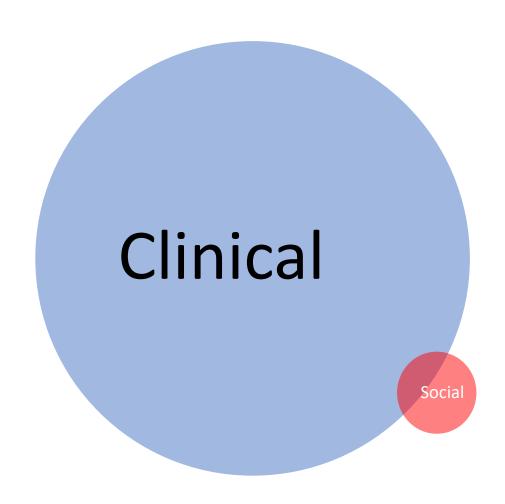


Adapted from Kilbourne et al, AJPH 2006

Contributors to health inequities:



Clinical-Social Dyads (CSDs)



Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Infant Mortality:

Premature Births

Congenital Anomalies

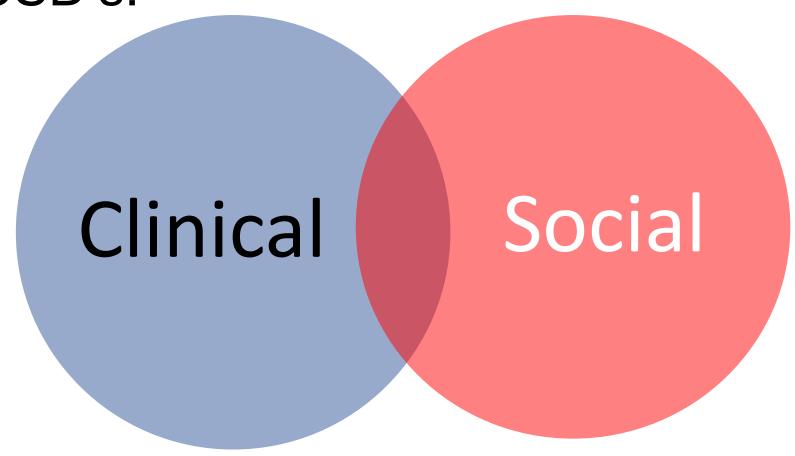
SUID

Maternal pregnancy Complications

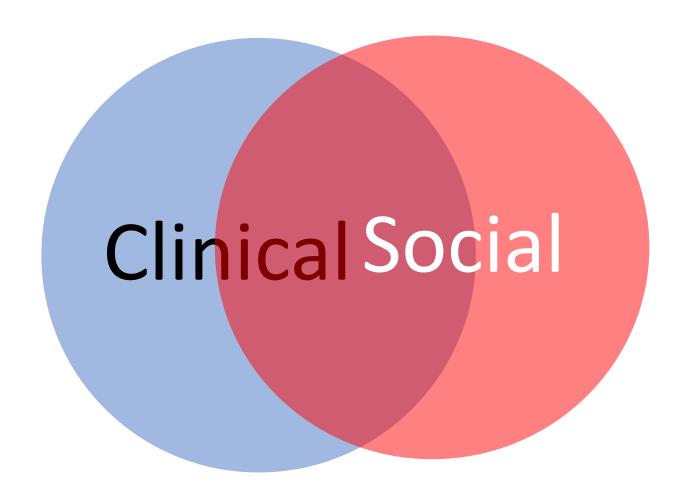
Placental or cord anomalies

Social Determinants of Health/Lifecourse

CSD's:



CSD's:



I also think we make our best decisions in the area of overlap, where "clinical" and "nonclinical" work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Casemanagement, NFP, and Centering experience much of their success. **Disparities in Birth Outcomes:**

Medical Problems:



Weathering

Racism Housing **Incarceration rates**

Fatherless households

Neighborhoods

Unemployment

Policies

Hopelessness

No Insurance

Stress "Medical baggage

Poverty

Smoking

Limited Access to Care

"Othering" Substance Use

Under-Lower graduation rates

Education

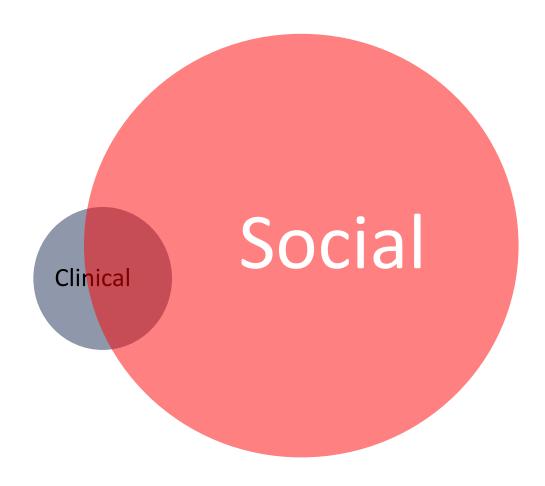
Family Support

Poor Working Conditions

Teen Births

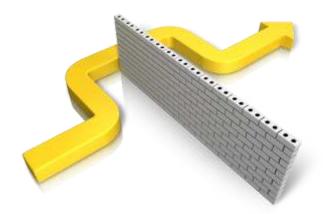
Nutrition

CSD's:



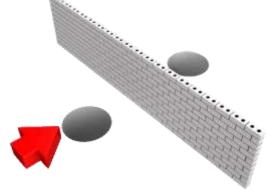
In my opinion, this is probably how our public health investments and prescriptions should look.

Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families "circumvent" obstacles...

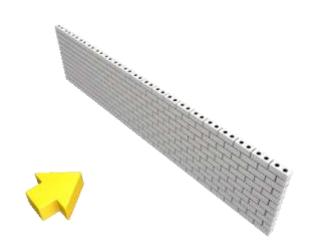


Most of these programs help

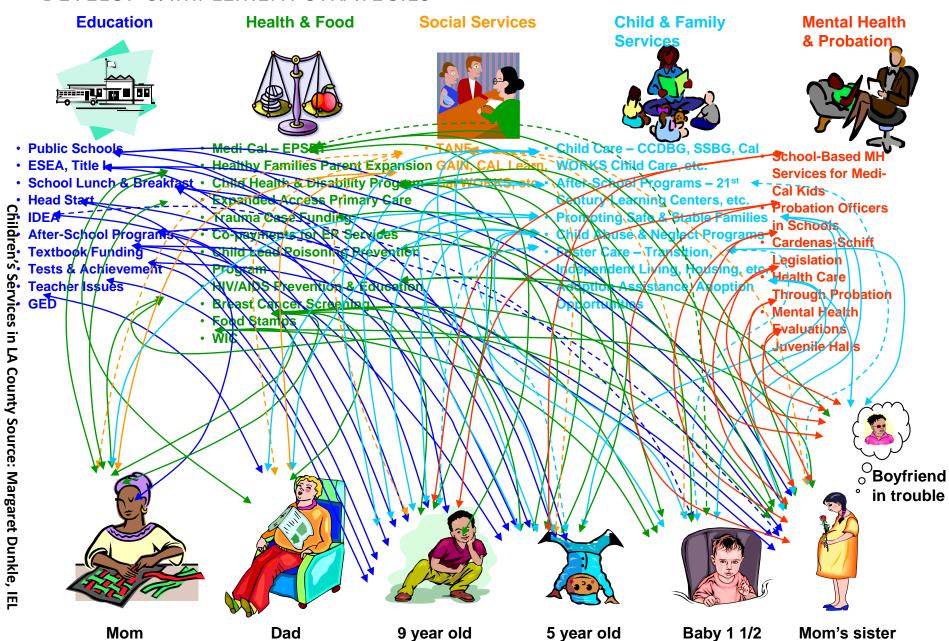




BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation. In some cases, they make a huge difference



DEVELOP & IMPLEMENT STRATEGIES



Why treat people's illnesses without changing conditions that made them sick?

(WHO Commission on Social Determinants of Health, 2008)



A Social Determinants approach:

challenges us to "eliminate the obstacles"

Obstacles:

I am often asked...which Social Determinants to improve?



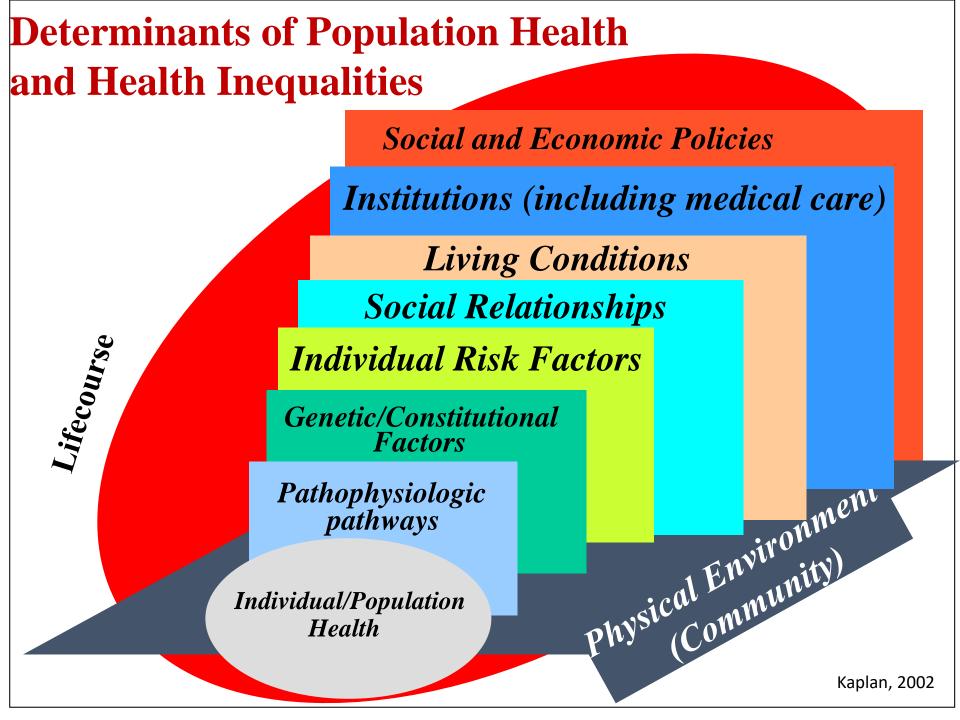
art james



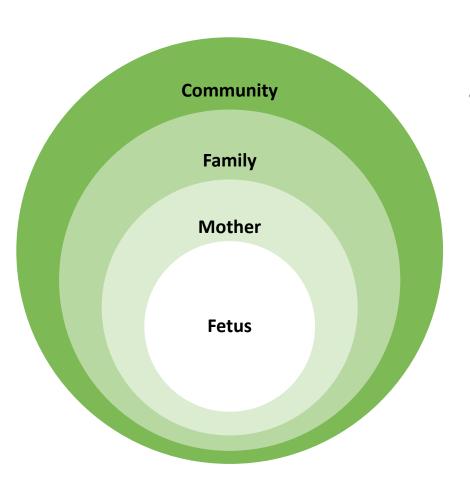
"...a moral obligation, a matter of social justice."

Our profession seeks not only to understand but also to improve things. Some doctors (and people in public health) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a clinician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. And if a society is making people sick? We have a duty to do what we can to improve the public's health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. This duty is a moral obligation, a matter of social justice."

Professor Sir Michael Marmot, lecture to the Royal College of Medicine, October 2006



The Circles of Influence:



The health of the mother and fetus rely on **more than just prenatal care**.

- "While the mother is the environment of the developing fetus, the community is the environment of the mother." Dr. Lawrence Wallack, "Going Upstream for the Health of the Next Generation"
- "When a flower doesn't bloom, you fix the environment in which it grows, not the flower"

Alexander Den Heijer

Slide used with permission from Mariela Uribe, Alameda County Best Baby Zone

The Basic Idea:

Socioeconomic position, race/ethnicity and gender all structure the likelihood of multiple exposures at multiple points in time – over the entire lifecourse from conception to old age.

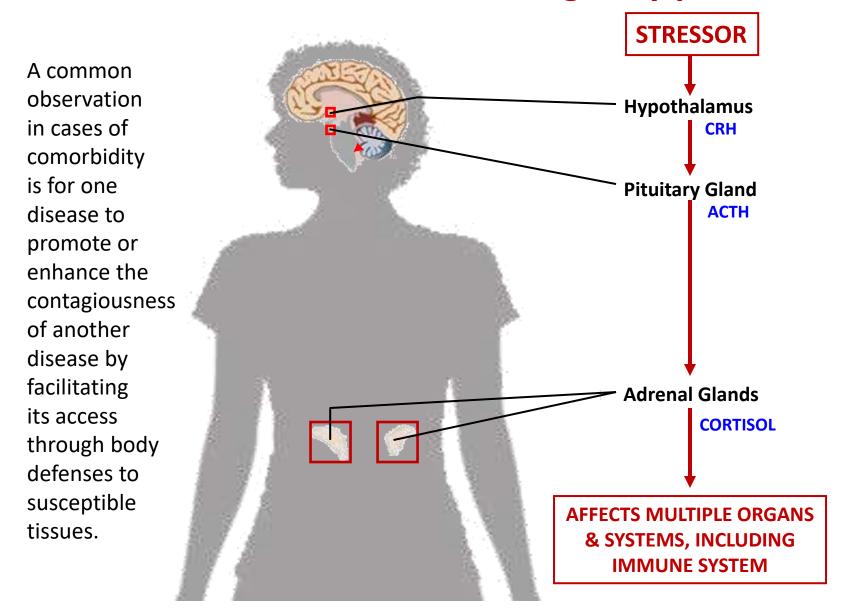
It is this life-long cascade of interacting multiple exposures, balanced against available resources, that are the important determinants of how social inequalities leave their imprint as health disparities.

"Poverty", and "Race" are intertwined...with each making the other worse. Racism represents a particularly damaging and pervasive exposure. For the poor, it is the venom in the bite of poverty. It is intricately woven into every domain of American life and has cumulative detrimental effects throughout an individual's lifetime, across all domains, and across generations.

Lynch/James

EQUITY/Stress:

The stress → PTB link: Biologically plausible?



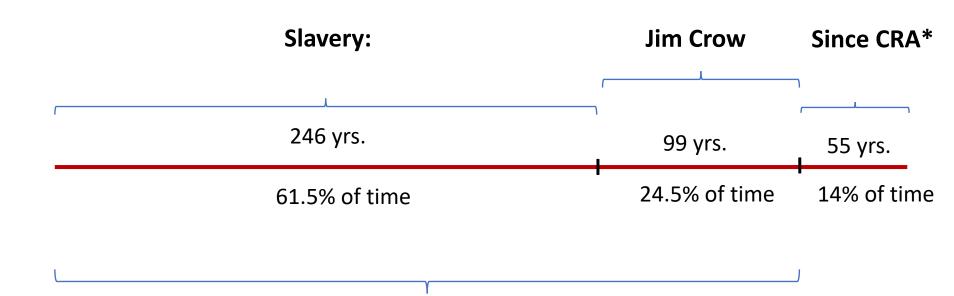
African American Citizenship Status: 1619-2019

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	61.5%
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.5%
1964-2019*	"Equal"	55	14%
1619-2019	"Struggle" "Unfairness"	400	100%

Above modified from Source: Byrd, WM, Clayton, LA. <u>An American Health Dilemma</u>, Volume 1, <u>A Medical History of African Americans and the Problem of Race: Beginnings to 1900</u>, New York, NY: Routledge. 2000.

^{*} USA struggles to transition from segregation & discrimination to integration of AA's

Time-line of African American Experience:



86% of the AA experience either as Slaves or under Jim Crow

*CRA: Civil Rights Act

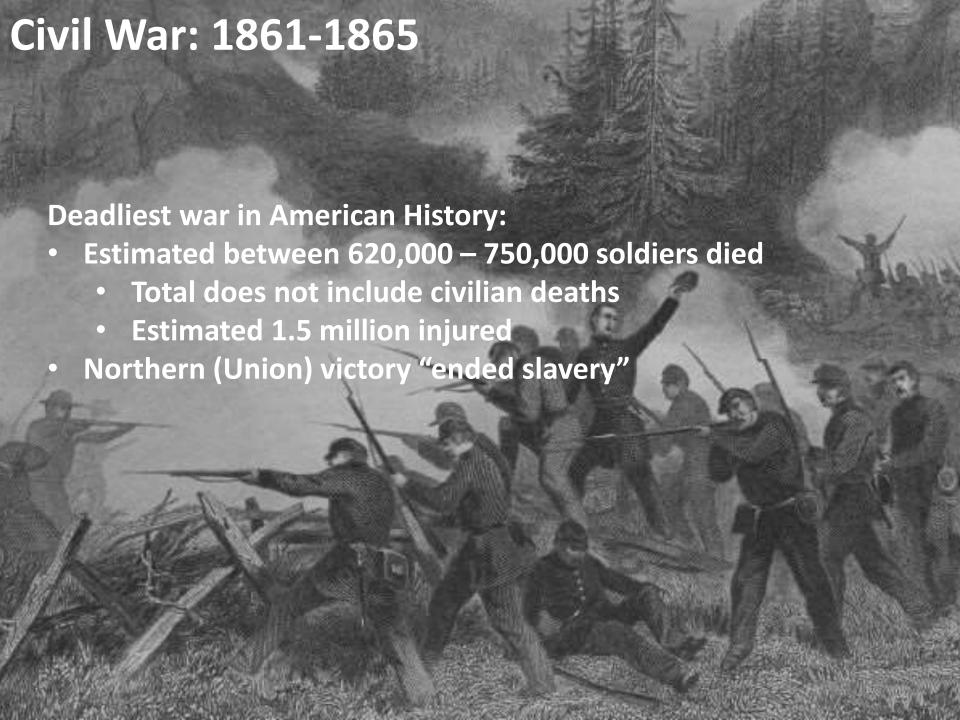
Brief History of the African American Experience:

American Slavery: 1619-1865



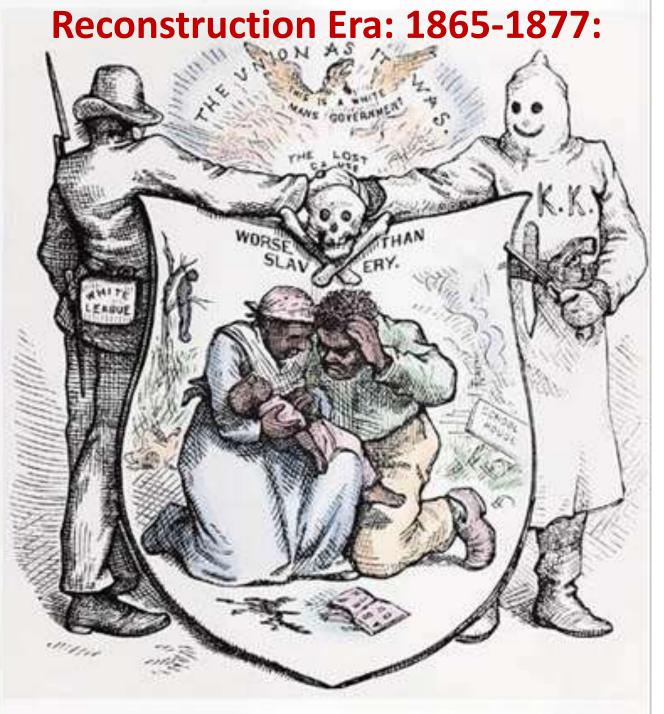
246 years of being treated as if you are someone's property

- At least 12-generations
 - Born a slave, expected to die a slave
- Worked from sun-up to sundown
- Beaten/Whipped/Raped/ Hung
- Illegal to learn to read
- By 1865 the USA was the largest slaveholding country in the world!



Civil War Amendments

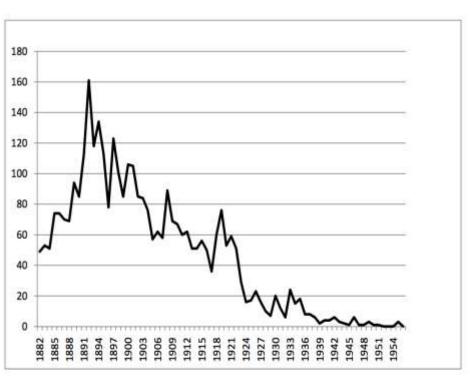
- 13th Amendment
 - Abolishes slavery
- 14th Amendment
 - Makes former slaves citizens of the U.S.
 - All people born in the U.S. (except Indians or visitors) are citizens
- 15th Amendment
 - Gives all men the right to vote, regardless of "race, color, or previous condition of servitude"



Despite federal intervention, white supremacist organizations like the Ku Klux Klan and The White League terrorized African-Americans in the South.

Early in Reconstruction, the federal government was able to curtail some of the violence, but as the Southern states rejoined the U.S. government, and laws restricting Confederates from holding office were done away with, Southern states passed laws restricting the federal government from intervening to help black Americans in the South (State's Rights).

1866: Ku Klux Klan founded: terrorization of Blacks, Jews and other groups.



Source: University of Missouri – Kansas City School of Law, http://www.law.umkc.edu/faculty/projects/ftrials/shipp/lynchstats.html Data from the Archives of Tuskegee University

Figure 14.1 Lynchings of Blacks per year, 1882-1964.



The memorial captures the brutality and the scale of lynchings throughout the South, where more than 4,000 black men, women and children, died at the hands of white mobs between 1877 and 1950. Most were in response to perceived infractions — walking behind a white woman, attempting to quit a job, reporting a crime or organizing sharecroppers.

1866: Ku Klux Klan founded: terrorization of Blacks.

dared to challenge segregation faced arrest or violent reprisal.



1870s – 1960s: Jim Crow laws were laws created to enforce racial segregation and preserve the southern way of life. Under the Jim Crow system, "whites only" and "colored" signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who





1866: Ku Klux Klan founded: terrorization of Blacks.



1870s – 1960s: Jim Crow laws were laws created to enforce racial segregation and preserve the **southern way of life**. Under the Jim Crow system, "whites only" and "colored" signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who dared to challenge segregation faced arrest or violent reprisal.

In 1896, the Supreme Court declared Jim Crow segregation legal in the *Plessy v. Ferguson* decision. The Court ruled that "separate but equal" accommodations for African Americans were permitted under the Constitution. This helped "legitimize" Jim Crow segregation and facilitated its adoption across much of the entire United States.

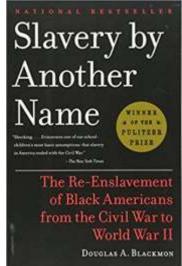


1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery. Under laws enacted specifically to intimidate blacks, tens of thousands of African Americans were arbitrarily arrested, hit with outrageous fines, and charged for the costs of their own arrests. With no means to pay these ostensible "debts," prisoners were sold as forced laborers to coal mines, lumber camps, brickyards, railroads, quarries and farm plantations. Thousands of other African Americans were simply seized by southern landowners and compelled into years of involuntary servitude.

Government officials leased falsely imprisoned blacks to small-town entrepreneurs, provincial farmers, and dozens of corporations—including U.S. Steel Corp.—looking for cheap and abundant labor. Armies of "free" black men labored without compensation, were repeatedly bought and sold, and were forced through beatings and physical torture to do the bidding of white masters for decades after the official abolition of American slavery.



1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s - 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.



1932 – 1972: The Tuskegee Experiment was a notorious medical research project involving 389 poor African-American men that took place from 1932 to 1972 in Macon County, Alabama. The men in the study had syphilis, a sexually transmitted infection, but didn't know it. Instead they were told they had "bad blood" and given placebos, even after the disease became treatable with penicillin in the 1940s.

 By the end of the study, only 74 of the test subjects were still alive. Twenty-eight of the men had died directly of syphilis, 100 were dead of related complications, 40 of their wives had been infected, and 19 of their children had been born with congenital syphilis.



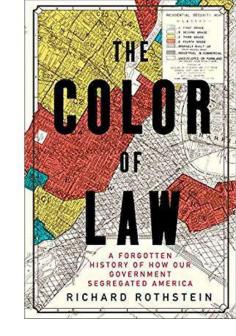


1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s - 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment



1930s – now: Housing discrimination. Restrictive Covenants, Redlining, etc..

According to Richard Rothstein: "Today's residential segregation is not the unintended consequence of individual choices and of otherwise well-meaning law or regulation but of unhidden public policy that explicitly segregated every metropolitan area in the United States. The policy was so systemic and forceful that its effects endure to the present

time."

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination.

1944 -- The GI Bill "Instead of seizing the opportunity to end institutionalized racism, the federal government did its best to shut and double seal the postwar window of opportunity in African Americans' faces. It consistently refused to combat segregation in the social institutions that were key for upward mobility: education, housing, and employment. Moreover, federal programs that were themselves designed to assist demobilized (returning) GIs and young families systematically discriminated against African Americans." (Paula S. Rothenberg, White Privilege: Essential Readings on the Other Side of Racism)

After passage of the Civil Rights Act: 1964 -- now

Post Civil Rights Act: 1964 -- present EQUITY? We keep knocking on this door... "the same analysis, the

same recommendations, and the same inaction." Dr. Kenneth B. Clark

- And during my life time...
 - Brown vs. Board of Education (1954)
 - Sit-in Movement of the 1960s
 - Freedom Riders
 - Birmingham Protests
 - The March on Washington
 - Civil Rights Act (1964)
 - Mississippi Freedom Rides
 - Selma to Montgomery March
 - Voting Rights Act (eroded)
 - Race Riots of the 1960s
 - Kerner Commission Report (1968)
 - No Action
 - "Black Power", Malcolm X
 - Dr. Martin Luther King, Jr.
 - Affirmative Action (now, essentially gone)
 - Current Urban Unrest...
 - Police shootings
 - Black Lives Matter
 - Take a Knee



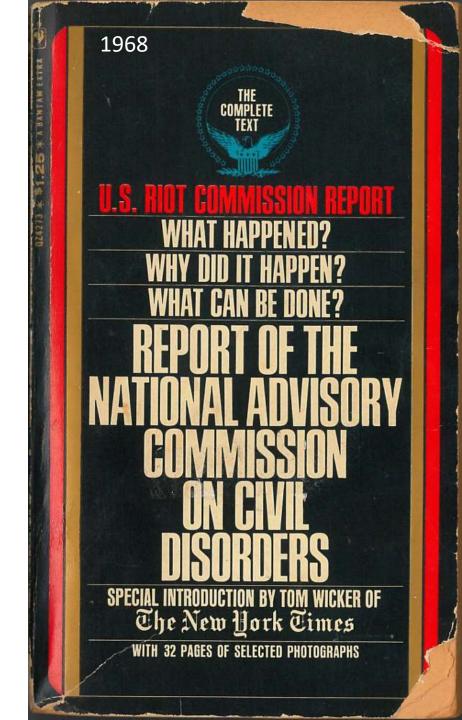
Black America

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

1968: Kerner Commission Report:

"Our nation is moving toward two societies, one black, one white—separate and unequal."



1968 Kerner Commission Report:

'I must again in candor say to you members of this Commission--it is a kind of Alice in Wonderland--with the same moving picture re-shown over and over again, the same analysis, the same recommendations, and the same inaction.' (Dr. Kenneth B Clark)

Every 10-year updates of the original 1968 report: document disparities are getting worse...

- 1978
- 1988
- 1998
- 2008
- 2018: "Healing Our Divided Society" (2/2018)



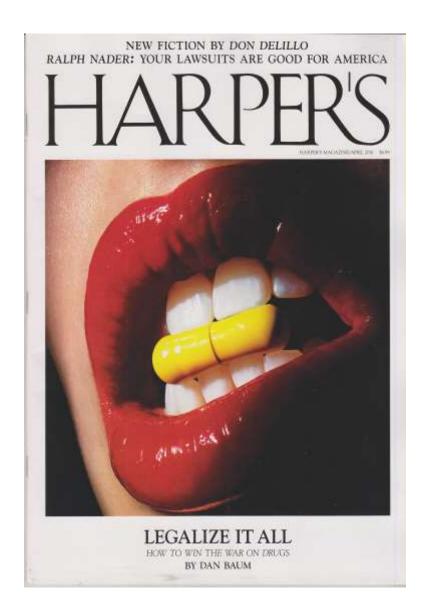
"It's been fifty years since the Kerner Commission offered a wake-up call long in the making, holding up a mirror to confront the reality of a society deeply divided by both race and economic status. Half a century later, how many more wake-up calls do we need before we face the tragic reality that in many ways—despite pledges by politicians and remarkable local accomplishments by innovative, creative leaders—in the aggregate, as a country, we've fallen backward. It's time to get real about both the challenge and the work required to bring great models to scale and break a cycle that downgrades the American Dream and diminishes our very definition of ourselves as a country of equal opportunity."

—John F. Kerry, sixty-eighth U.S. Secretary of State

Mass incarceration in America:



Aide says Nixon's war on drugs targeted blacks & hippies:



Washington (CNN): One of Richard Nixon's top advisers and a key figure in the Watergate scandal said the war on drugs was created as a political tool to fight blacks and hippies, according to a 22-year-old interview recently published in Harper's Magazine.

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people,"

former Nixon domestic policy chief John Ehrlichman told Harper's writer Dan Baum for the April 2016 cover story.

Ronald Reagan and 'War on Drugs'

October 14, 1982, President Ronald Reagan re-declared a "war on drugs," doubling-down on an initiative that was started by Richard Nixon. Reagan declared that illicit drugs were a direct threat to U.S. national security and through a series of legislation, like the mandatory minimum sentencing laws of 1986, made a hard right turn away from a <u>public</u> <u>health approach to drug use</u>.

By creating mandatory minimum sentencing, drug offenders faced lifetime consequences for minor infractions, yet the focus on tough sentences for crack and not powder cocaine meant the people going to prison were largely black and brown. The media seemed to play along, hyping up threats with racist coverage that largely ignored rampant cocaine use amongst whites and sensationalized the crack problem in inner-city black neighborhoods.

"The War on Drugs is a war on people, but particularly it's been a war on low-income people and a war on minorities. We know in the United States of America there is no difference in drug use between black, white and Latinos.

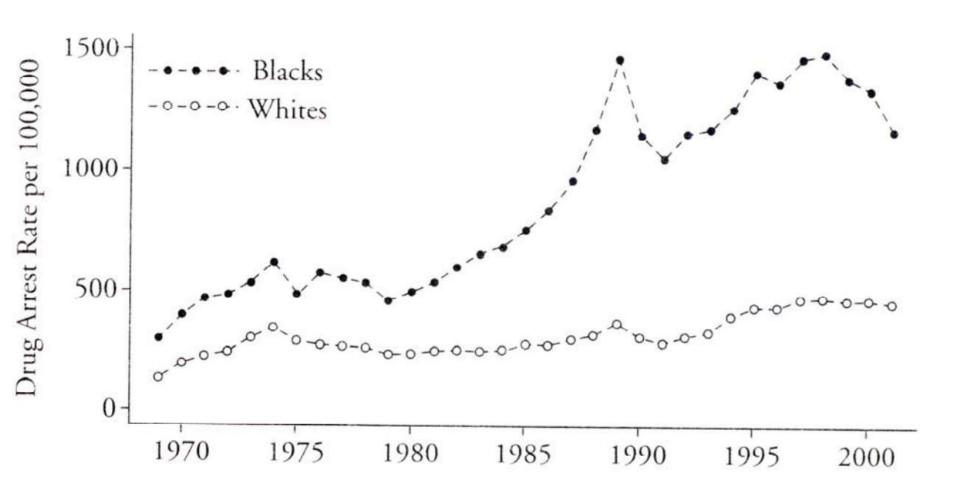
But compared to whites, Latinos experience a 2x increased risk of arrest for drug use, and Blacks a 4x increased risk.

This drug war has done much to destroy, undermine, sabotage families, communities, neighborhoods, & cities."



"The war on drugs has been the engine of mass incarceration. Drug convictions alone constituted about

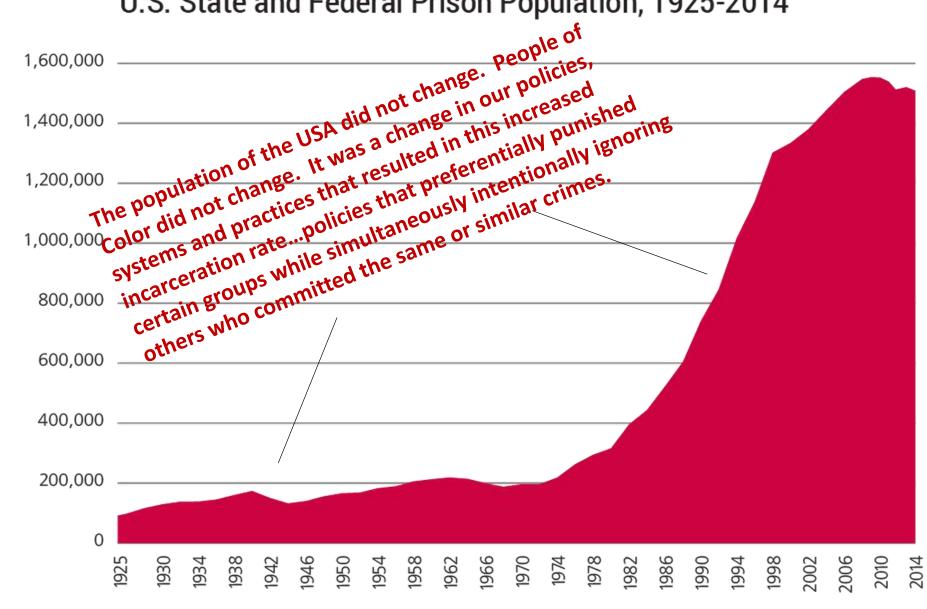
two-thirds of the increase in the federal prison population and more than half of the increase in the state prison population between 1985 and 2000..."



Source: Bruce Western, Punishment and Inequality in America (New York: Russell Safe Foundation, 2006), p.46

Figure 14.16 Arrests for Drug Offences, 1971-2001

U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics Prisoners Series.



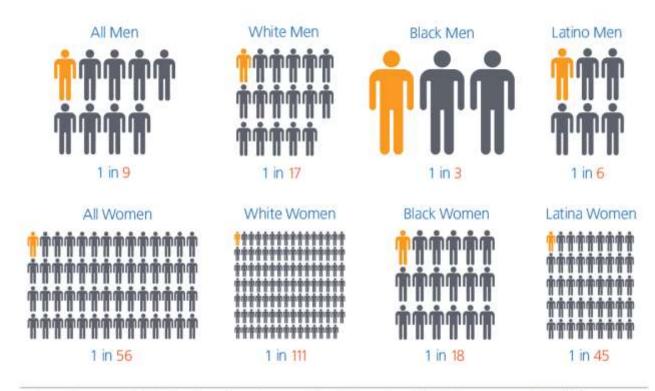
■ Don Addis



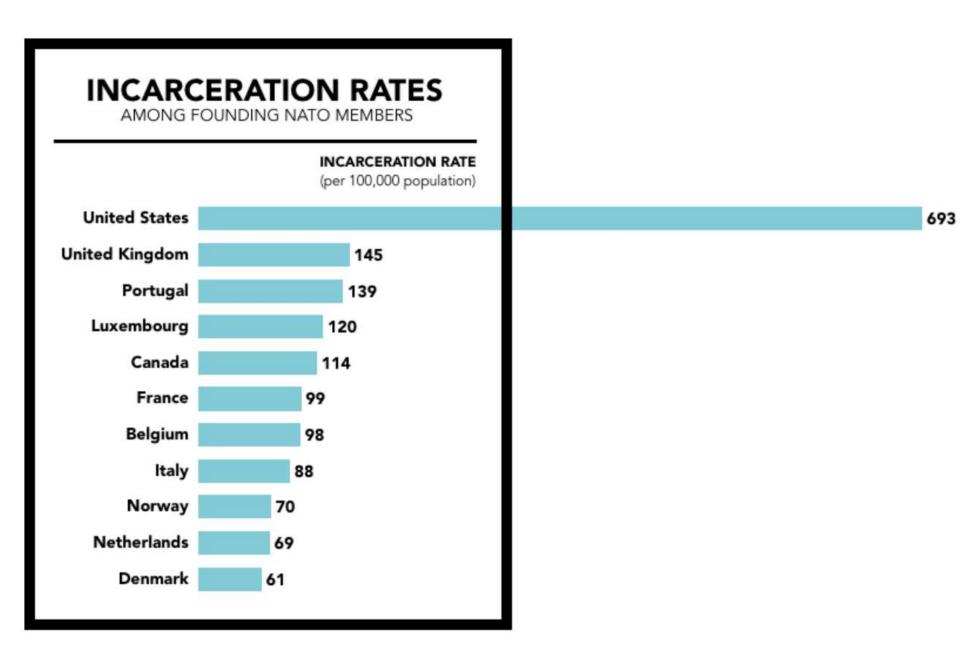
Criminal Records Nationally:

Disproportionate impact on certain communities

Lifetime Likelihood of Imprisonment







Source: http://www.prisonpolicy.org/global/2016.html

When President Nixon declared war on drugs on June 17, 1971, about 110 people per 100,000 in the population were incarcerated. Today, we have 2-3 million prisoners: 743 people per 100,000 in the population.

The U.S. has 5% of the world's population, but 25% of its prisoners.

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

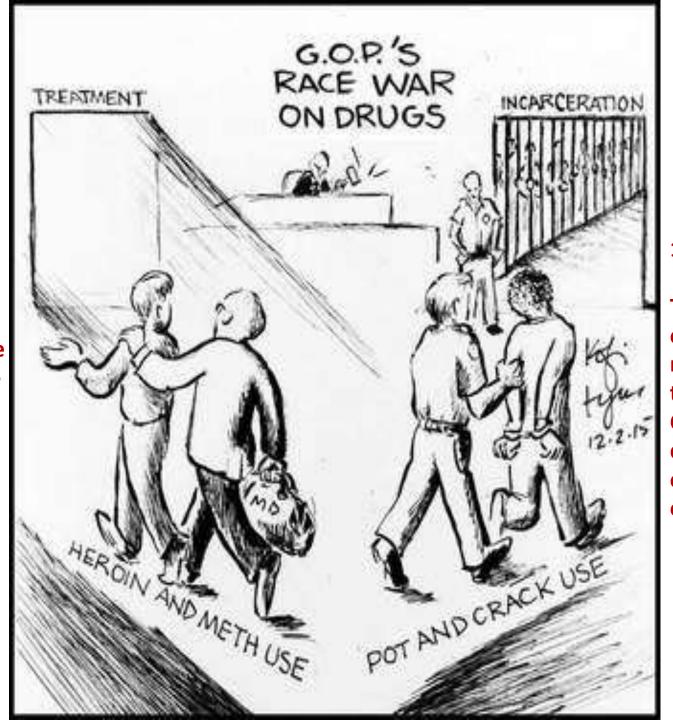
1968: Kerner Commission Report:

1968-now: War on Drugs/Mass Incarceration

1970-now: Today's racialized response to drug users

Now:

The USA Medicalized response to **Opioids:** 85-90% White & much more lethal than Crack (64,000 overdose deaths primarily from Opioids in 2016)



1970-now:

The USA criminalized response to CRACK Cocaine: devastating communities of color

IN CONGRESS, JULY 4, 1776.

A DECLARATION

BY THE REPRESENTATIVES OF THE

UNITED STATES OF AMERICA.

IN GENERAL CONGRESS ASSEMBLED.

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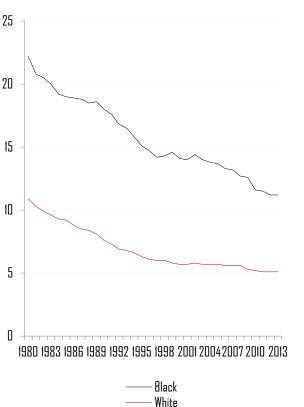
JOHN HANCOCK, PRESIDENT.

U.S. Declaration of Independence

The second paragraph of America's founding document states:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Events like our national response to Hurricane Katrina, the increased incidence of killing unarmed black people, our country's high incarceration rate of POC... & our disparate IMRs all remind us that not all of us benefit from this Declaration equally.



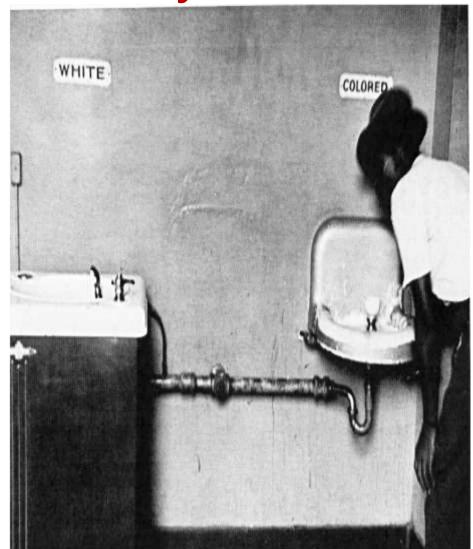


Racial Disparities: "are not natural"... we made it this way?

We often perceive racial health disparities as consequences of "nature". As such, we convince ourselves that these differences are "fixed" or "hardwired"; a part of what is different about us as people and therefore cannot be changed.

Similarly, we also often see America as it is instead of an America as it should be...and we accept the difference between the two as "normal".

However, these disparities are differences that we created, differences that occur as a consequence of systems that we put into place. Therefore, we know they can be changed and would suggest that their persistence is in part because of our unwillingness to "undo" what we have done.



What's our Goal?

Neighborhood

Revitalization

Health Equity
Universal Health Insurance

Access to Care

Poverty Reduction

Decrease
Health Disparities
Cultural Competency

Immigrant Deportation

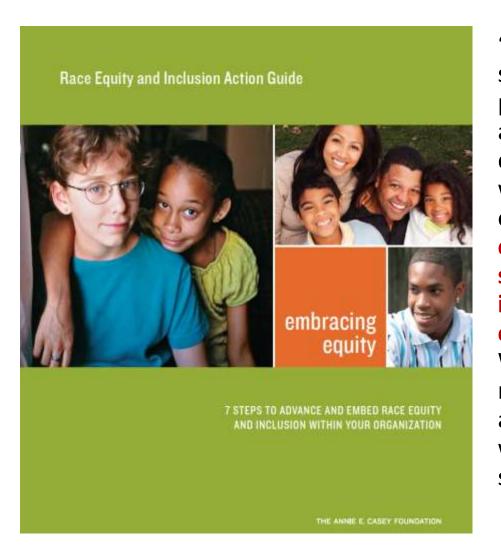
- "Social inequality kills. It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.
 - Poverty and discrimination,
 - Inadequate medical care,
 - and violation of human rights

all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering."

Nancy Krieger (2005). Health Disparities and the body. Boston: Harvard School of Public Health



According to the Annie E. Casey Foundation:



"Race holds a central place in our society's deepest and most persistent patterns of social inequities, exclusion and divisions. Racial disparities, discrimination and segregation are widespread and continue to undermine our nation's social fabric. Without equity, economic stratification and social instability will continue to increase and far too many families and children will continue to lag behind. Without inclusion, many are marginalized economically, politically and culturally, facing bias and barriers when seeking basic opportunities for security and advancement."

Source: Annie E. Casey, September 2018





APPROXIMATELY EVERY 12 HOURS A WOMAN DIES

as a result of pregnancy or childbirth.





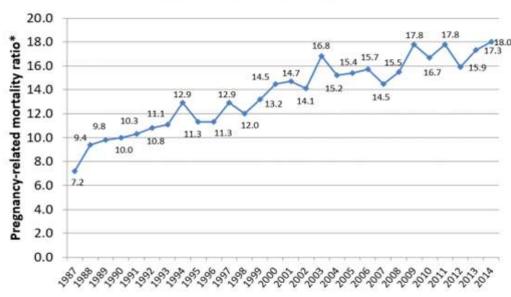
TRENDS IN MATERNAL MORTALITY

Pregnancy-related death has more than doubled over the past 25 years.

700 women die due to pregnancy-related complications each year

50,000 women have lifethreatening complications from labor and delivery

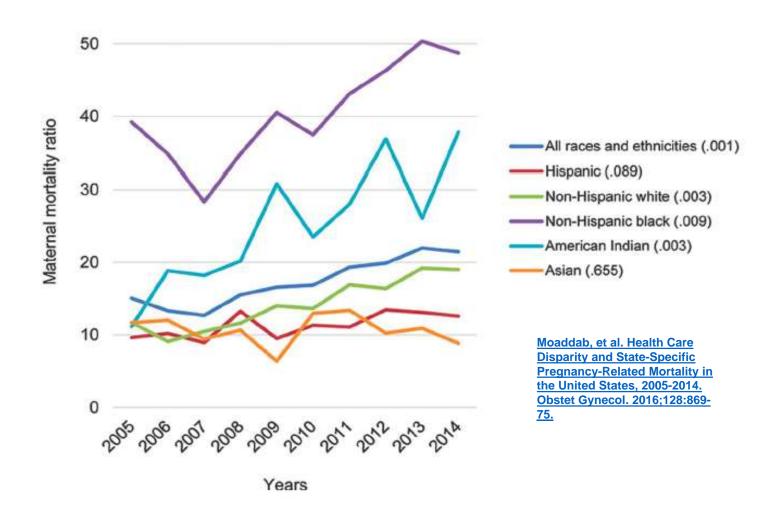
Trends in pregnancy-related mortality in the United States: 1987–2014



*Note: Number of pregnancy-related deaths per 100,000 live births per year.



Maternal Mortality (per 100,000)



Our sobering Reality:

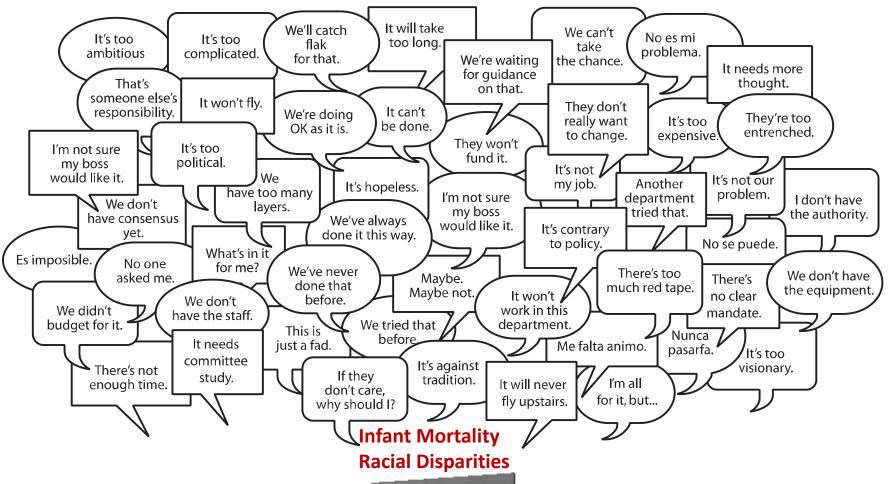
Despite having sacrificed a tremendous # of lives in a Civil War that ended Slavery...within 12-years our government essentially abandoned the freed slaves in exchange for providing **State's Rights** and the re-estblishment of the "**Southern Way of Life**". As of today this "way of life" marginalizes and demeans African Americans and other people of color & it has spread thoughout the entire USA (housing discrimination, racially restrictive covenants, suppression of voting rights, gerrymandering, separate but equal, DACA, police shootings, the manner by which our national leadership demeans people of color, etc.)

• The NORTH won the Civil War, but the "SOUTH" has won the peace!

At the end of the Civil War the United States was the largest Slave-holding Country in the world. Fast forward 100-years and our country has arrested enough of the descendants of those slaves that now the United States of America has the highest incarceration rate of any nation on earth.

Bottom-line: As citizens of the United States of America, African Americans are dependent on the same government that enslaved and oppresses us...to SAVE US! And after nearly 400-years, this government has proven that being fair to us is not something its been willing to consistently commit to.

Eliminate Excuses:





We continue to find excuses to avoid eliminating racial disparities...But, we must muster the courage to go through this door.

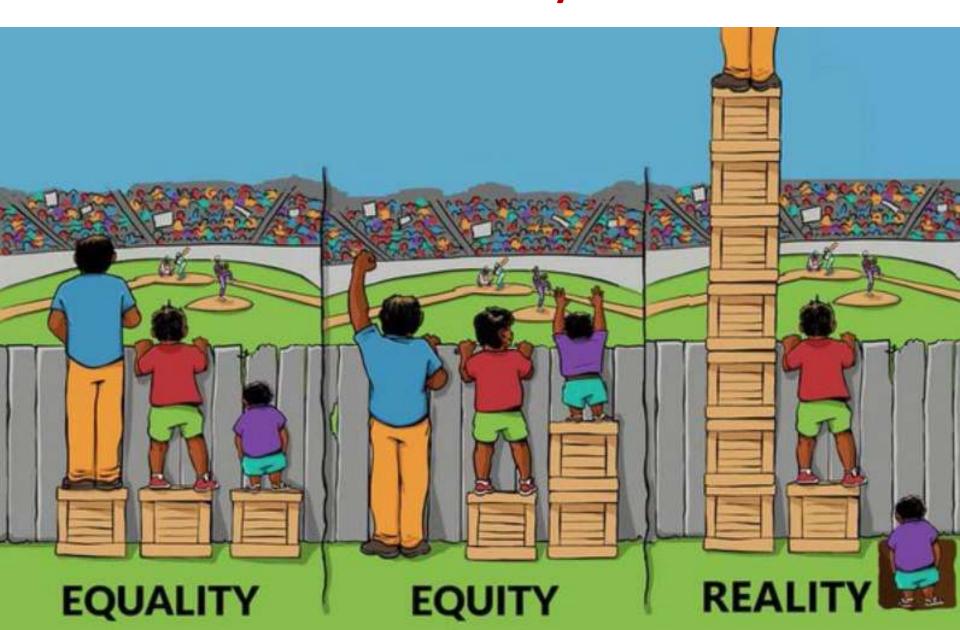
Relationship:

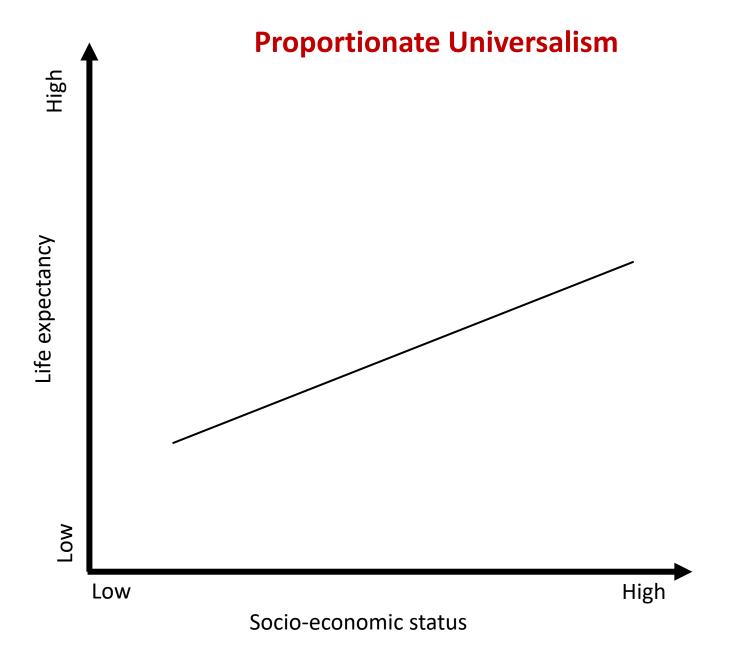
"Inclusion"

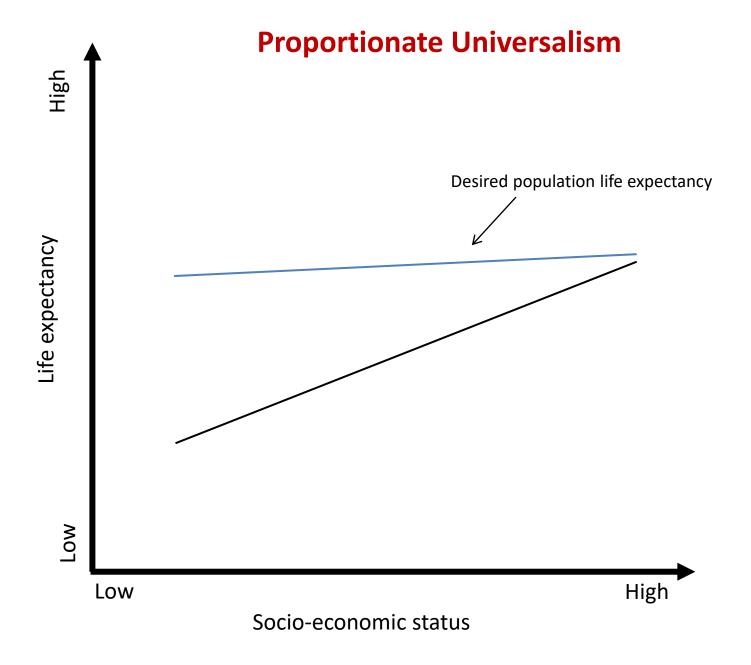


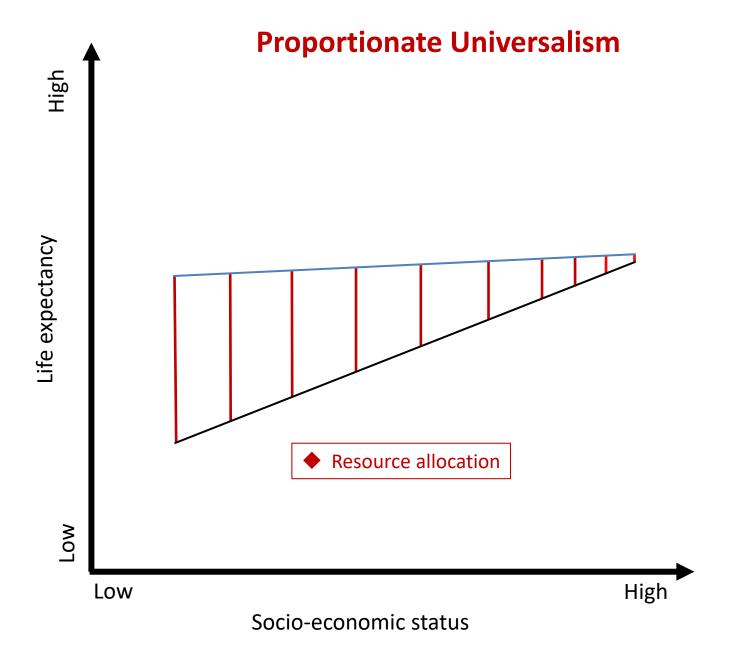
Proportionate Universalism or "Targeted Universalism"

Aim for Equity – Not Equality...while understanding our Reality.







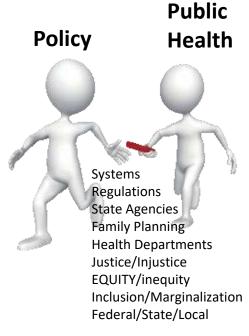


Life Course:

It takes a Village...

(no single organization has the resources, scope of influence or expertise to eliminate racial disparities in infant mortality by themselves...it will take all of us)

Infant Mortality Reduction is not a sprint, it is a "Relay-Marathon" ... and it takes the entire Village

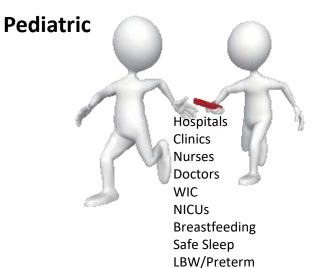


PCMH Access Insurance **Quality Care** Preconception Inter-conception One Key Question **Family Planning**

Clinical Community: Culturally Sensitive Language barriers

Business Schools **Transportation** Jobs/employment Housing **Local Government Pubic Safety** Racism **Green Space** Etc.

Obstetrical



Church Food security Neighborhood Safety Support Network Crime Drugs Abandoned Houses Day Care Gangs

Mother

&

Father involvement Married Single parenthood Family **IPV Poverty** Diet Age

> Capacity of parents to care for themselves & their children

Health



we must advocate AND mobilize to save our babies.

Advocacy can be challenging because, as individuals, some (many) of us work for organizations that prohibit advocacy -- or the organization might insist that you can only say what they approve of...even if it is not always in the best interest of improving infant mortality or improving the racial disparity in birth outcomes. You have to follow your personal "moral compass."





Every Baby Matters...

- White, Black, Brown, or Yellow
- Rich or Poor
- Rural or Urban
- From the North, South, East or West
- Republican or Democrat
- From a family that is "Right-to-Life" or "Pro-Choice"
- Citizen or Immigrant
- Teen or Older Mom
- Whether or not Mom uses drugs, drinks Alcohol, or smokes cigarettes
- College graduate or not, your position MUST be that...

Any baby who takes her or his first breath within the borders of CA is our responsibility and we can and must do better!





Regarding the resolution of RACISM:

"You have always told me it takes more time. It's taken my father's time, my mother's time, my uncle's (and aunt's time), my sister's and brother's time, my niece's and my nephew's time...(and before them it took my grand parent's, great grandparent's, and great great grandparent's time. And now it denies ANY time for too many black babies). So...HOW MUCH MORE TIME DO YOU WANT for racial progress?"

NOW IS THE TIME!

(James Baldwin, 1989, The price of a ticket)
(Words in red: embellishments by art james)





